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(When Filled In)

5X1A

## REQUEST FOR AUTHORIZATION OF OVERTIME AND HOLIDAY WORK

TO:

Comptroller

FROM:

Chief, Operations &amp; Liaison Branch, FD

ALLOTMENT SYMBOL

PAY PERIOD

ESTIMATED NUMBER

BEGINNING

ENDING

HOURS

EMPLOYEES

14 May 1962

26 May 1962

40

5

28 May 1962

9 June 1962

40

5

11 June 1962

23 June 1962

40

5

## JUSTIFICATION

INDICATE, CONCISELY BUT ADEQUATELY, PURPOSE FOR WHICH OVERTIME IS TO BE USED, TYPE OF PERSONNEL INVOLVED (e.g., clerical, professional) AND REASON WORK CANNOT BE ACCOMPLISHED WITHIN 40 HOUR WEEK. (Do not include Operational Detail)

This overtime is necessary because of accountings on hand to be audited.

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JUST 22 NEXT REV 2010 AUTH HR 70-2

DATE

22 May 1962

TYPED NAME AND SIGNATURE OF SUPERVISOR (if applicable)

Chief, Operations and Liaison Branch

CONCURRENCE (if applicable)

AUTHORIZATION

TY

TYPED N

IAL

DATE CONCURRED

DATE AUTHORIZED

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